



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

ATHLETE AGENT CERTIFICATE OF REGISTRATION APPLICATION INSTRUCTIONS

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 59-102-10 et seq. (Supp. 2004)
www.sccconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

ALL NEW APPLICANTS MUST SUBMIT:

A. APPLICATION FORMS

- Athlete Agent Certificate of Registration Application **AND**
- *Athlete Agent Employee Form(s)* – *This form must be completed by all Athlete Agents expected to solicit student athletes, OR*
- *Alternate Documents (Out of State Application Below)

B. FEE

- A licensing fee of \$500.00

C. CONTRACT

- A copy of the Agency Contract – *This contract must comply with [Section 59-102-100](#) of the UAAA of 2004*

D. BUSINESS RECORDS

South Carolina businesses must also submit:

- A copy of your ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, and
- A certified copy of the last CERTIFICATE OF EXISTENCE, dated not more than 180 days prior to the date of the application, issued by the South Carolina Secretary of State;

Out of State businesses must also submit:

- A copy of your ARTICLES OF INCORPORATION or ARTICLES OF ORGANIZATION or AGREEMENT, and
- A certified copy of a CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS in the State of South Carolina.

Applications for and copies of Articles, Certificates of Existence, and Certificates to Transaction Business may be obtained by contacting the South Carolina Secretary of State's Office at (803) 734-2158 or www.scsos.com.

E. Upon review of the completed application packet, the Department will:

- Inform the applicant that a Certificate will be issued; or
- Deny issuance of a Certificate

RENEWAL

The Certificate of Registration MUST BE RENEWED BIENNIALY by May 7th.

*OUT OF STATE APPLICATION

Applicants who have filed in other states may submit **a copy of that application** and **certificate** received instead of submitting an application in the form prescribed pursuant to subsection (A) above, IF the following circumstances are met:

- The applicant applied for and holds a certificate, registration, or licensure as an athlete agent in another state;
- The application was submitted in the other state within six months preceding the submission of the application in this State and the applicant certifies that the information contained in the application is current;
- The application contains information substantially similar to one more comprehensive than that required in an application submitted in this State; and
- The application was signed by the applicant under penalty of perjury.

MAKE CHECKS PAYABLE TO

South Carolina Department of Consumer Affairs

SEND COMPLETED APPLICATION TO

Legal Division: Athlete Agents
P.O. Box 5757
Columbia, SC 29250-5757



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See Application Instructions. Please Type or Print Legibly. In order for your application to be processed, complete all of the following questions. Incomplete information could result in delay or denial of your application. This form, as well as each supplemental form, must be notarized.

DO NOT FAX THIS FORM

1. Applicant's Name: _____
(Last) (First) (Middle)
2. Company Name: _____
(Current Employer)

Trade Name or D/B/A: _____
3. Mailing Address: _____

(City) (State) (Zip)
4. Physical Address: _____

(City) (State) (Zip)
5. Phone: () - _____
6. Fax: () - _____
7. Web Address (URL): _____

BUSINESS INFORMATION

8. How long has this business been in existence? _____
9. List any and all other names under which you have done business. _____
10. Current business type: ☐ sole proprietorship ☐ partnership ☐ professional association ☐ corporation
☐ limited liability partnership (LLP) ☐ limited liability company (LLC) ☐ other _____
11. a. If the business is not a corporation, list all: (1) partners; (2) members; (3) officers; (4) managers; (5) associates; and (6) profit-sharers of the business.

b. If the business is a corporation, list all: (1) officers; (2) directors; and (3) any shareholder having an interest in the corporation of five percent or greater (including limited or silent partners).

Attach additional sheets as necessary

Name:	Address:	Position:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

BACKGROUND INFORMATION

The following questions should be answered for persons listed in 11a or 11b. Mark an X in the appropriate box. Attach details as necessary.

- | | YES | NO | |
|-----|--|--------------------------|--|
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business, having an interest of 5% or greater, been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report. |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Has there been any administrative or judicial determination made that a false, misleading, deceptive, or fraudulent representation was made by any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater? If yes, attach details. |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Has any licensing or other credentialing agency ever taken any disciplinary action against any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Please provide details, including the name of the agency and status of action. |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is disciplinary action pending against any member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater in any jurisdiction? Provide details, including the name of the agency and status of action. |
| 16. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater had any civil judgments, lawsuits or liens brought against them? If yes, provide details. |
| 17. | <input type="checkbox"/> | <input type="checkbox"/> | Has any partner, member, manager, associate, profit-sharer, officer, director or any shareholder of the business having an interest of 5% or greater engaged in any conduct which resulted in the imposition against a student athlete or educational institution of a sanction, suspension, or declaration of ineligibility to participate in an interscholastic or intercollegiate event? If yes, attach complete details. |
| 18. | <input type="checkbox"/> | <input type="checkbox"/> | Have all persons listed in item 11a or 11b read and become familiar with the Uniform Athlete Agent Act, S.C. Code Ann. § 59-102-10 <u>et seq.</u> ? |
| 19. | List the name and addresses of the Agents that may be expected to solicit or recruit or assist in soliciting or recruiting student athletes in South Carolina, including applicant . NOTE: A separate Athlete Agent Employee Form must be completed and submitted for each agent listed. | | |

Name:

Address:

OTHER ATTACHMENTS

Please use the checklist below to verify your application packet is complete. **Incomplete packets could result in delay or denial of your application.**

- | | |
|---|---|
| <input type="checkbox"/> Articles of Incorporation/Organization/Agreement | <input type="checkbox"/> \$500.00 Filing Fee |
| <input type="checkbox"/> S.C. Secretary of State Certificate | <input type="checkbox"/> Complete Agent Employee Form for each agent in #19 |
| <input type="checkbox"/> Copy of Agency Contract – Must meet requirements of Section 59-102-100, including the WARNING provision. | |

SWORN TO AND SUBSCRIBED before me

this _____ day of _____, 20__

Signature

Notary Public For _____
My Commission Expires: _____

Print name, Business Relationship or Title

The South Carolina Freedom of Information Act may require the Department to release this form as a public record; however, personal identifying information will be released only if required by law.